

## Receiving Report

Date: 11/01/11

Batch No: M116576

Supplier: SABIC

Dart P/O: 13140

Packing Slip: Yes ☒ No ☐  
 Invoice: Yes ☒ No ☒  
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐  
 Waybill Attached: Yes ☒ No ☐ N/A ☐  
 Shipment Complete: Yes ☒ No ☐ N/A ☐  
 QC6 Inspection ☒ Subs N/A ☐  
 Work Order Subs N/A ☒

**Discrepancies**

Part Number	Description	Quantity Ordered	Quantity Received	Quantity Returned	Quantity Short	Comments

Initials of receiver (if shipment OK) Level 12 [Signature]

Production/Admin: 11/01/11  
 Date [Signature]  
 Received/Costing [Signature]  
 Initial [Signature]

Location THRM

## Page 1 of 1

All amounts are calculated in domestic currency.

Grouped by Vendor ID

Purchase Order ID/ Curr Type	Line Nbr/ Insp Req	Project ID	Reference/ Description/ Cert Std	PO U/M / Stock U/M	Required Date Required Qty	Recv Date/ Recv Emp	Recv Qty (PO U/M)	Cost Per Unit/ Recv Value	Inspected Qty/ Rejected Qty (PO U/M)	MRB Qty/ MRB Reject Qty	Book Amt
<b>VendorID\Vendor Name</b>		<b>VC-GEP001</b>	<b>SABIC Polymershapes</b>								
PO13140	1		MKYD6185S.080- P3-62015	sf	1/26/2011	1/11/2011	1,144.0000	\$8.07	0.0000	0	\$9,229.56
CAD	No		6185 KYDEX .080" 116576	sf	1,074.6584	DESJ02		\$9,229.56	0.0000	0	
								<b>Total Received Quantity:</b>			1,144.0000
								<b>Total Qty to Inspect (PO U/M):</b>			0.0000
								<b>Total Reject Quantity:</b>			0.0000
								<b>Total Receipt Value:</b>			\$9,229.56
								<b>Total Balance Due Quantity:</b>			0.0000

\*\*\* SHIPPER \*\*\*  
\*\*\* Conversion/Fabrication \*\*\*

A/C 14.18

SABIC Polymershapes  
1250 Old Innes Rd., Unit 519

Ottawa, Ontario K1B 5L3  
PST 85637 2750 TR0001

PHONE: (613) 745-7043 FAX: (613) 745-4291

MIDLAND NIR# R-518639-1 Aug 10  
Freight  
7230655-8

Page: 1

SOLD TO: DART AEROSPACE LTD

SHIP TO: DART AEROSPACE LTD

1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
Canada

1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
Canada  
1-613-632-5200

Our Order No	Customer	GST License	PST License	Invoice Terms	Ordered	Shipped	Taken By	RDD
094407	DARAER	CHARGE GST	6112-5207	NET 30 DAYS	16.12.10		caldwellj	31.01.11
Ship.Doc.No	Salesrep	Customer P.O.#	Shipped Via	F.O.B.	Freight Terms	Inv. No.	Ship Date	
01	93	13140	T S T		COLLECT			28.01.11

Ln# Location Ord B/O Ship Sku Product Code

Description

U/Price

\*\*\*\*\*  
DELIVERIES TO BE DONE BEFORE  
4:00 PM , ADVISE SHIPPING CO.  
\*\*\*\*\*

001 31 0 SHT 40610805

KYDEX 6185 - P3 - IVORY 62015  
.080 X 52 X 96

002 1 0 1 EA 0000005

THANK YOU FOR SELECTING  
SABIC POLYMERSHAPES

LINE No.	RECEIVING No.	PICKED BY	DATE	SHIPPED BY	DATE	VERIFIED	DATE

NO GOODS TO BE RETURNED WITHOUT APPROVAL FROM SABIC. ALL DISCREPANCIES MUST BE REPORTED WITHIN 10 DAYS.  
ALL RETURNS MUST HAVE VALID RETURNED GOODS AUTHORIZATION NUMBER CLEARLY MARKED ON ALL PACKAGES.

SABIC  
Polymers  
Plastics

سابك  
sabic

**SABIC Polymershapes**

1250 OLD INNES RD. 519 OTTAWA, ONT. K1B 5L3  
TEL: 613 745 7043 FAX: 613 745 8163

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## CERTIFICATE OF COMPLIANCE

SOLD TO: DART AEROSPACE

DATE: 12/17/2010

YOUR PURCHASE ORDER: 13140

OUR SHIPPER NO: 094407

LINE ITEM #: 1

QUANTITY: 33 PIECES

8/12/11

DESCRIPTION: KYDEX 6185 - P3 - IVORY 62015

THESE PARTS WERE MANUFACTURED IN ACCORDANCE WITH: FAR 25 . 853

THIS IS TO CERTIFY THAT THE MATERIAL FINISHES AND FUNCTIONAL REQUIREMENTS OF THE ABOVE LISTED PARTS ARE IN ACCORDANCE WITH THE REFERENCE PROCUREMENT SPECIFICATIONS, CONTROL DRAWINGS OR PARTS DESIGNATION AND LATEST REVISIONS AS REFERENCED ON THE SUBJECT PURCHASE ORDER.

AUTHORIZED REPRESENTATIVE SIGNATURE

Jon Caldwell

JON CALDWELL  
BRANCH MANAGER



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

# PURCHASE ORDER

Purchase Order ID **PO13140**

Purchase Order Date 12/16/10  
PO Print Date 12/16/10

Page Number 1 of 1

Order From :

VC-GEP001

SABIC POLYMERSHAPES  
9150 AIRPORT ROAD  
BRAMPTON, ON L6S 6G1  
CA

Contact Name  
Vendor Phone 800 267 1575  
Vendor Fax 613 745 4291  
Vendor Account Nbr

Buyer Chantal Lavoie  
Requisition Nbr  
Tax Resale Nbr 10127-2607  
Terms Net 30  
Currency CAD  
FOB Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

*Handwritten:* FAXED 12/16/10

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	MKYD6185S.080-P3-62015	6185 KYDEX .080"	1/26/11 Yes	1,074.66 sf	TST ground	\$8.0678	\$8,670.13
Special Inst: MATERIAL: KYDER 6185, COLOR CODE: IVORY 62015 TEXTURE: P-3 VELOUR MATTE SHEET SIZE: 52" X 96" X 31 SHEET = 1074.6584 SF			<i>Handwritten:</i> 1144 PER NEC 33-sheet				
2	MDELINB2.000X02.000	DELIN BAR	12/28/10 Yes	8.00 f	TST ground	\$26.8400	\$214.72
Special Inst: MATERIAL: DELRIN II 150E OR ACETRON GP ACETAL COLOR: BLACK			<i>Handwritten:</i> 1144/2/21				

PO Total:

\$8,884.85

MATERIAL CERTIFICATION  
REQ'D UPON DELIVERY

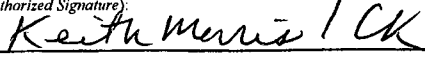
No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required when applicable

Change Nbr: 1

Change Date: 12/16/10

# Accord de Libre-Échange Nord-Américain Certificat d'Origine

## North American Free Trade Agreement Certificate of Origin

<b>1. Nom et Adresse de l'Exportateur (Exporter Name and Address)</b> KYDEX LLC 6685 LOW STREET BLOOMSBURG, PA 17815  Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number) <b>27-0087605</b>		<b>2. Période Globale (Blanket Period)</b> Du (JIMMAA): <b>01/01/11</b> (Effective Date DDMMYY)  Au (JIMMAA): <b>12/31/11</b> (Expiration Date DDMMYY)			
<b>3. Nom et Adresse du Producteur (Producer Name and Address)</b> Same  Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number)		<b>4. Nom et Adresse de l'Importateur (Importer Name and Address)</b> SABIC OTTAWA 1250 OLD INNES ROAD #519 OTTAWA ON K1B 5L3 CANADA Numéro d'Identification aux Fins de l'Impôt (Tax I.D. Number)			
<b>5. Description des Produits (Description of Goods)</b>  KYDEX SHEETS  "We certify that all wood packaging materials have been manufactured in compliance to ISPM #15 and are identified accordingly."	<b>6. Numéro de Classement Tarifaire S.H. (HS Tariff Classification)</b>  3920.99	<b>7. Critère de Préférence (Preference Criterion)</b>  C	<b>8. Producteur (Producer)</b>  YES	<b>9. Coût Net (Net Cost)</b>  NO	<b>10. Pays d'Origine (Country of Origin)</b>  USA
<b>11. Certification d'Origine (Certification of Origin)</b> J'alteste Que (I Certify that): <ul style="list-style-type: none"> <li>Les renseignements fournis dans le présent document sont exacts et je me charge de prouver, au besoin, ce qui y est avancé. Je comprends que je suis responsable de toutes fausses assertions ou omissions importantes faites dans le présent document ou s'y rapportant: (The information on this document is true and accurate and I assume the responsibility for proving such representations. I understand that I am liable for any false statements or material omissions made on or in connection with this document):</li> <li>Je conviens de conserver et de produire sur demande les documents nécessaires à l'appui du certificat et d'informer, par écrit, toute personne à qui il a été remis, des changements qui pourraient influencer sur son exactitude ou sa validité: (I agree to maintain, and present upon request, documentation necessary to support this certificate, and to inform, in writing, all persons to whom the certificate was given of any changes that would affect the accuracy or validity of this certificate):</li> <li>Les marchandises sont originaires du territoire de l'une ou de plusieurs des parties et sont conformes aux exigences relatives à l'origine prévues dans l'Accord de libre échange nord-américain et, sauf exemption expresse à l'article 411 ou à l'annexe 401, n'ont subi aucune production supplémentaire ou autre transformation à l'extérieur du territoire des parties: (The goods originated in the territory of one or more of the parties, and comply with the origin requirements specified for those goods in the North American Free Trade Agreement, and unless specifically exempted in Article 411 or Annex 401, there has been no further production or any other operation outside the territories of the Parties):</li> </ul> Le présent certificat se compose de <u>2</u> pages, y compris les pièces jointes (This certificate consists of <u>2</u> pages, including all attachments)					
Signature Autorisée (Authorized Signature): 			Société (Company): Kydex LLC		
Nom (Name): KEITH MORRIS			Titre (Title): Logistics Manager		
Date (JIMMAA) (Date DDMMYY): 01/06/11		Téléphone (Telephone): 570-387-6997		Télécopieur (Fax): 570-387-8722	



Canada Customs  
And Revenue Agency et du revenu du Canada

Agence des douanes

CANADA CUSTOMS INVOICE

Page of  
de

<b>1. Vendor (name and address) - (Vendeur (nom et adresse))</b> KYDEX LLC 6685 Low Street Bloomsburg, PA 17815		<b>2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada</b> JANUARY 06, 2011			
<b>4. Consignee (name and address) - Destinataire (nom et adresse)</b> SABIC OTTAWA 1250 OLD INNES ROAD #519 OTTAWA CANADA ON K1B 5L3		<b>3. Other references (include purchaser's order No.)</b> Autres références (inclure le n° de commande de l'acheteur) 222031/00-J05914			
<b>8. Transportation: Give mode and place of direct shipment to Canada</b> Transport: Prémode et point d'expédition directe vers le Canada  TRUCK  BLOOMSBURG, PA		<b>5. Purchaser's name and address (if other than consignee)</b> Nom et adresse de l'acheteur (s'il diffère du destinataire)  <b>6. Country of transshipment - Pays de transbordement</b>  <b>7. Country of origin of goods</b> Pays d'origine des marchandises USA <b>IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS</b> ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12			
<b>9. Conditions of sale and terms of payment</b> (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. Vente, expédition en consignation, location de marchandises, etc.) Net 30 days		<b>10. Currency of settlement - Devises du paiement</b> US FUNDS			
<b>11. Number of Packages</b> Nombre De colis	<b>12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality)</b> Désignation des articles (nature des colis, marques et numéros description générale et caractéristiques, p. ex. Classe, qualité)	<b>13. Quantity (state unit)</b> Quantité (précisez l'unité)	<b>SELLING PRICE - PRIX DE VENTE</b> <table border="1"><tr><td><b>14. Unit price</b> Prix unitaire</td><td><b>15. Total</b></td></tr></table>	<b>14. Unit price</b> Prix unitaire	<b>15. Total</b>
<b>14. Unit price</b> Prix unitaire	<b>15. Total</b>				
1	3920.99 PALLET  KYDEX "6185," SHEET  52"X 96".080 P3 62015 (33 PIECES)  CUSTOMS BROKER: LIVINGSTON PHONE: 800-226-1875	1,1440.11 SQ FT	4.69000  \$5,365.36		
<b>18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box</b> Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures Commerciales ci-attachées, cochez cette case Commercial Invoice No. /N° de la facture commerciale		<b>16. Total weight</b> Poids total <table border="1"><tr><td>Net 292.27</td><td>Gross - Brut 344.54</td></tr></table>	Net 292.27	Gross - Brut 344.54	<b>17. Invoice total</b> Total de la facture \$5,365.36
Net 292.27	Gross - Brut 344.54				
<b>19. Exporter's name and address (if other than vendor)</b> Nom et adresse de l'exportateur (s'il diffère du vendeur)		<b>20. Originator (name and address) - Expéditeur d'origine (nom et adresse)</b>			
<b>21. CCRA ruling (if applicable) - Décision de l'Agence (s'il y a lieu)</b>		<b>22. If fields 23 to 25 are not applicable, check this box</b> Si les zones 23 à 25 sont sans objet, cochez cette case			
<b>23. If included in field 17 indicate amount:</b> Si compris dans le total à la zone 17, précisez:  (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances À partir du point d'expédition directe vers le Canada  (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'ériction et d'assemblage après importation au Canada  (iii) Export packing Le coût de l'emballage d'exportation	<b>24. If not included in field 17 indicate amount:</b> Si non compris dans le total à la zone 17, précisez:  (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada  (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat  (iii) Export packing Le coût de l'emballage d'exportation	<b>25. Check (if applicable):</b> Cochez (s'il y a lieu):  (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur  (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des marchandises			

Dans ce formulaire, toutes les expressions désignent des personnes vivant à la fois les hommes et les femmes.

**TST Overland Express**  
Express **UNIK**

P.O. Box 3030, Station A, Mississauga, Ontario L5A 3S3  
G.S.T.# 144612488  
Overland Western International Inc.(OVEA)  
3091 Rockefeller Avenue, Cleveland, Ohio 44115-3611

Carrier Code  
Code du Transp.  
**2153**



736-3864184 4

Division of TST Solutions L.P.  
Une division de TST Solutions L.P.  
DUN: No. 242148401 (OVLD)

P/U Trailer - Unite Quell

L/H Trailer - Unite Route

859836

0007349

NS

Purchase Order No. - N° de Commande

1

10

11

Manifest From - Manifest de  
Consignee - Consignataire

To - À

Bill of Lading No. - N° de Connaissance

Shipper - Expéditeur

Origin

Dest.

C.D.

DART AEROSPACE LTD  
1270 ABERDEEN STREET  
HAWKESBURY, ON K6A 1K7

SABIC POLYMERSHAPES  
1250 OLD INNES RD UNIT 519  
OTTAWA, ON K1B 5L3

OTT MTL 4

.00

Declared Value - Valeur déclarée

Type - Genre Valeur - Valeur Page

STD 0 01

Bill To - Facturer à

Origin Carrier - Premier Transporteur

O/C Pro No. - N° Facture P/T

M

D-J

Beyond Carrier - Transporteur subs.

S.R.

Amount - Montant

Pieces - Coils	H.M.	Description	Weight - Poids	Rate - Taux	Charges - Frais
1		SKD STC 33 SHTS KYDEX 6185 RATED AS SO#094407 23.6 CFT 96X53X8 ORIGINAL STATED WT 250 LBS SCALED TO 750 LBS FUEL SURCHARGE Printed on 01/11/2011 @ 07:41 ** COLLECT **	750 1,000		COLLECT          COLLECT
1	Total Pieces Coils total	GST# 144612488	Total Weight Poids total	1,000	Total Charges Frais totaux COLLECT

E & OE

Print Last Name

A TransForce Company

S/W INTACT

☐ YES ☐ NO

Connecting Carrier Please - Protect this Amount

Any loss or damage must be noted on pro bill at time of delivery, otherwise consignee's signature will constitute clear receipt.

Toutes pertes ou dommages doivent être notés sur le connaissement au moment de la livraison, autrement la signature du consignataire constituera un reçu final.

Au transporteur suivant - Frais à protéger

C.O.D.

Total

P.S.L.

Cash or Certified Cheque Only - Driver Collect This Amount

Chèque visé ou argent comptant seulement - à percevoir par le chauffeur

X Received in Apparent Good Order - Reçu sans Avaire Apparente

Date

11 JAN 11

Time In

Time Out

Unit - Unité

Driver - Chauffeur

PAT

Terms: Net 7 Days, Overdue Balance Subject to Interest Charges  
Conditions: 7 Jours, compte en Souffrance Sujet à Intérêts

Signature Copy - Copie de Signature

OE0-098L 04/06